DOCUMENT RESUME

ED 128 095 PS 008 801

AUTHOR Jordan-Marsh, Maryalice; Fauvre, Mary
TITLE Providing Quality Child Development Programs: How to Begin.
PUB DATE 13 Mar 76
NOTE 17p.; Paper presented at the California Association for the Education of Young Children Conference (Sacramento, California, March 13, 1976)

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS *Child Development Centers; Community Resources; Community Services; *Early Childhood Education; Health Services; Objectives; Parent Participation; *Program Development; *Program Evaluation; *Program Planning; Social Services

ABSTRACT

Steps involved in developing a high quality child development program are outlined and discussed briefly. They are: (1) determining what kind of program to provide (information and referral, family-centered, community-centered or a combination); (2) establishing priorities (a priority checklist is included); (3) identifying existing resources in the community such as counseling, health, nutrition and social welfare services; (4) trying it out: planning for staff development, parent involvement and documentation as a means of feedback and evaluation; and (5) building a program-reviewing process and developing a mechanism for introducing new ideas and expanding existing services to meet the needs of the people participating in the program. (MS)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

ED128095

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

PROVIDING QUALITY CHILD DEVELOPMENT PROGRAMS

How to Begin

by

Maryalice Jordan-Marsh and Mary Fauvre

under the direction of

Ruby Takanishi
Early Childhood Development Program
Graduate School of Education
University of California, Los Angeles

Prepared for the 1976 California Association
for the Education of Young Children
Conference at Sacramento, California

March 13, 1976

PS008801

PROVIDING QUALITY CHILD DEVELOPMENT PROGRAMS

What is a "Quality Child Development Program"?

The appearance of Head Start as a program to support child, parent, and community development has led to our current concern over and advocacy of "quality child development programs." In many of the hearings and debates regarding programs for children, we hear a repeated call for "quality programs."

But WHAT IS A "QUALITY CHILD DEVELOPMENT PROGRAM"? HOW DO WE KNOW WHETHER WE NEED OR HAVE A QUALITY PROGRAM?

Quality programs for children will be defined in different ways by different providers and in various communities. Some programs seek to involve actively the surrounding neighborhood and agencies by providing educational and social programs. Others focus more on meeting the needs of the children's families for food through co-ops, clothing (exchanges), and support (rap sessions). Federal and state (California) regulations specify in detail the components of quality programs: health, nutrition, child development, social services, parent education and involvement, and staff development.

How to Begin

Given the necessity for a variety of approaches to providing programs for children and families, how can we begin to provide "quality programs"? The following steps are suggestions on "how to begin."*

Step 1. Determining the kind of program you want to provide.

Step 2. Establishing your priorities.

Step 3. Identifying resources.

Step 4. Trying it out with feedback and evaluation (the importance of documentation).

Step 5. Building a program-renewing process--the essence of providing a quality program for children.

---

*In the process of beginning, steps 1 to 3 will probably go on simultaneously.

Step 1. Determining the kind of program you want to provide.

Quality programs involve parents and staff in different ways to meet the needs of children. Three major ways to organize a program are to concentrate on information and referral, a family-centered program, developing a community center, or combinations of all of the above. The following descriptions outline three different emphases.

Information and Referral

This model meets the needs of the child by informing the parents of existing services available within the community. Parents can call in to find out things like which pediatricians take Medi-Cal payments, information about child care programs, or available care for sick children. The program organizes and updates a list of resources that parents can contact for information and assistance with health, social service and other needs. The program may develop this service and make it available to all parents in the community.

Family-Centered Program.

This model serves children by considering them in the context of their family. The program coordinates both curriculum components and community services to meet education, health, nutrition, social service and recreation needs of families.

The program acts as coordinator and facilitator for activities and services that are available to enrolled families. Activities are planned and organized for easy access (transportation if necessary, use of program facilities as base for services) and planned follow-up. When families seek help from specialists, the program is organized so that specialists, teachers and parents share plans for children.

The program establishes communication channels between community agencies, civic organizations, and other resources for special services. Parent advisory groups guide the center in coordinating existing resources and exploring potential ones.

Community Center.

In this model the child and his family are seen in the context of their community. The family, neighborhood, and center pool their resources to organize a wide range of activities and services which seek to develop a "sense of community." The center becomes headquarters for recreation, social gatherings and other educational activities, which consider the needs and interests of all residents of the neighborhood. The sense of community is strengthened by sharing activities between groups and organizations at the center. For example, the Senior Citizens might eat lunch with children in the child care program on a regular basis. Parents' programs might arrange group transportation for a trip to the ocean that young and old alike might share.

The program with this orientation would expand its services to meet the special needs of its own community. This may take the form of organizing a supportive network of family day care homes that shares the group care resources. In other communities teaching English as a second language may be offered. Each community center can determine its own priorities and set goals through establishing a community advisory board. Program staff, parents, neighborhood residents may invite specialists, representatives of government and community agencies to participate in these discussions.

Step 2. Establishing priorities.

Programs have limited resources of time, money and staff. In deciding how to make the most of these resources, program staff and parents should identify shared priorities for a quality program. Ranking the following statements in order of importance may help parents and staff to decide how to concentrate efforts to expand the program's services. Parents and staff may choose to work as a group or to rank the statements as individuals and examine the total results.

Rank the following statements from 1 to 7 with the least important given rank of "1" and most important "7."

(A) ____ The program should concentrate time and energy on providing good care for enrolled children during the program day.

(B) ____ The program should work toward developing a food co-op, baby-sitting pool, and single parent rap sessions.

(C) ____ The program should concentrate on helping parents find health and social services for their children in the community.

(D) ____ It is not so important for the program to provide a wide variety of health, nutrition and social services to families as it is to develop good health and nutrition everyday habits in children.

(E) ____ Specialists should have a major role in advising program staff on appropriate objectives, curriculum and ways of dealing with children's problems.

(F) ____ To best meet the needs of children the program should foster a "sense of community" in the neighborhood and offer to share information, resources and a meeting place.

(G) ____ Parents, students and senior citizens can be the most important resources in building a quality program.

The way that items cluster together is useful in understanding the direction a program is ready to take.

If A, D, and E receive high ratings, the program may choose to focus on the quality of the child's experience within the existing program. If C also ranks high, a logical next step might be to develop information and referral services.

Groups that rank C, B and G at the top of their list indicate an interest in expanding services to meet needs of the child and his family outside the program day. If G and F are closely related, the program might like to consider making its information and referral service

available to the community. Response to this service may be helpful then in determining additional needs not only for enrolled families but for other members of the community who may or may not be eligible for the program's child care services.

Program groups that assign high ranks to B, F and H can be expressing strong interest in exploring possibilities for developing a community center.

The relative rank assigned to E versus G may reflect the group's expectations regarding the role of parents in expanding services.

The group might request that staff and parents specify other priorities not given in our list and rank those items in relation to the others.

Step 3. Identifying resources.

The program offered at any center will provide a variety of activities, services and opportunities to the children and their families, regardless of the model followed. The goal to support the development of the children in the family may require more general services already available within the community, such as family counseling, health and nutritional services, vocational training programs for parents, and other activities designed to meet the needs of the families in the community. The following list of agencies and services is offered as a guideline for identifying resources which might be available in different communities. It is not meant to be an exhaustive list.

Health

Pediatric Clinics, Public Health Clinics, Well-Baby Clinics, Neighborhood Health Clinics, Pediatricians, Public Health Nurses--can evaluate and diagnose general health problems of children; can provide instruction and counseling for parents, offer parent education classes; and serve as training source for day care mothers.

Screening and Diagnostic Centers--for TB, blood pressure, heart conditions, Mental Health Center, Child Guidance Clinics--can evaluate and diagnose emotional or learning problems in children, offer therapy consultation, or medication if necessary. Regional Center for Developmental Disabilities does free screening for retardation and related disabilities and can fund treatment and educational programs.

Women's Resource Center--can offer information about child care resources, single parent support services, legal counseling, and non-sexist literature for children and adults.

Schools of Public Health--can put on Health Fairs for the community, act as consultants to center or family day care mothers.

Community or Junior Colleges with Nursing Programs--can offer First Aid classes, act as babysitters, train babysitters.

Universities with Medical and Dental Schools--can set up clinics and/or consultative services.

Books of interest

Health Education and Materials and the Organizations Which Offer them. Health Insurance Institute, 227 Park Avenue, New York, NY 10017.

Health Services, 81 page, $1.00. OCD/HEW sponsored manual. Order G-6 from Day Care and Child Development Council, 1012 - 14th St., N.W., Washington, DC 20006. Add 10¢ for postage.

Leach, L. Interdisciplinary Team Consultation in Day Care. 1972, Reprinted by Day Care and Child Development Council of America, 1401 K St., N.W., Washington, DC 20005.

Nutrition

American Dairy Association--can offer information (brochures, films, displays) concerning nutrition, food groups and balanced diets.

Department of Agriculture, County Agent--can provide advice and offer classes in home canning processes, freezing and storing foods.

Federal Feeding programs--can subsidize and/or provide information regarding eligibility and reimbursement for breakfast and lunch programs at centers, identify regulations where center serves as "umbrella agency" for family day care homes and thereby makes them eligible for reimbursement through federal sources.

Neighborhood food co-ops can be established or encouraged, thus lowering food costs and fostering sense of community for participating families.

Materials of interest

Child Care Food Program Bulletin of the Children's Foundation, January 5, 1976. Contains copies of the interim regulations for the federal program that now includes family day care homes and comments of the children's foundation. Write to Jody Levin Epstein, The Children's Foundation, 1028 Connecticut Avenue, Washington, DC 20036.

Catalog of Nutrition Education Materials, Dairy Council of California.

Northern California
7808 Capwell Drive
Oakland, CA 94621
(415)562-3045

Southern California
3400 West Sixth St., Suite 401
Los Angeles, CA 90020
(213)381-6608

(other offices in Sacramento, San Diego, Fresno, Santa Ana)

Poisonous Plants of Southern California (4-72), County of Los Angeles, Department of Arboreta and Botanic Gardens, Arcadia, CA.

Education

University and College Education Departments and Schools of Social Work--can help identify and evaluate children with special problems; can place students in program at center as staff, volunteers, or consultants.

University extension, community and junior colleges, adult school--can offer credential programs for parents, vocational training, as well as courses in home budgeting, car and home maintenance, and English as a second language.

Local elementary schools--can share programs in recognition of special holidays or cultural festivals; may provide space for meetings (auditoriums or classrooms); may share inservice training programs,

especially with ECE programs as demonstrations of use of materials and parent involvements.

Junior High and Senior High Schools--may offer future staff training courses and/or volunteer staffing opportunities.

Museums, Art galleries, zoos--in addition to standard tours and lectures, they may offer displays or specimens on loan.

Public and school libraries--may offer standard or special talks and story hours, films, or bookmobiles for neighborhood.

Recreation

City Playground programs and Division of Parks and Recreation Center--might offer after-school sports activities or use of facilities during school day; theatre and drama workshops.

Boys' or Girls' Clubs, Scouts--may provide crafts or sports programs; big-brother, big-sister buddy programs.

YWCA and YMCA--may provide swimming pool or athletic facilities for special use; sports or crafts programs.

Materials of interest

The Travelers' Book of Children's Exercises. (M-8975 REV 2-74), The Traveler's Insurance Companies, Hartford, CT.

Social Welfare

Department of Public Social Services, and community and family service agencies--can offer financial advising, personal and couples counseling, single parent assistance, information concerning food stamps.

Local Veterans' Administration facilities should be contacted about availability of counseling and health care for veterans and their families.

Legal Aid services might be offered by government supported agencies or local law school students.

American Civil Liberties Union can advise citizens concerning housing or employment eligibility or discriminations.

Civic clubs (Lions, Rotary, Elks, Kiwanis) may pay for specific services like dental care or eye glasses, may provide volunteer staff or consultant services, offer transportation.

Senior citizens groups--can provide foster grandparent volunteers or staff, or administrative assistance.

Family Day Care Network--may be supported or established to offer alternative to group care, after-hours care, or care for siblings not eligible at the center.

Materials of interest

Single Parent News, bimonthly, $3.00 per year. Box 5877, Santa Monica, CA 90405

Klein, C. The Single Parent Experience, Avon Books, N.Y., 1973.

Collins, A. H. Natural Delivery Systems: Accessible Sources of Power for Mental health. American Journal of Orthopsychiatry, 1973, 43, 46-52.

General

In addition to specific service agencies and clinics, local merchants are often willing to donate left-overs in terms of supplies, equipment, and general "junk": hardware stores, newspaper offices, packing companies, building and supply stores, lumber yards, computer centers, medical and drug suppliers, elementary schools and libraries.

References:

Wurman, R. S. (Ed.). Yellow Pages of Learning Resources. Cambridge, Mass.: MIT Press, 1972.

Step 4. Trying it out: Planning for feedback and evaluation.

When the program decides on the approach it will emphasize to providing a quality program--increasing health and nutrition emphases in the child's program experience, information and referral, family-centered services, community center--trying out the approach that requires careful planning for staff development, parent involvement and documentation.

Parent involvement:

A. Identify special interests, talents and competencies of parents

   1. Develop plan for including parents in providing new services

B. Establish a parent advisory board

Staff development:

A. Include program staff early in decisions

   1. Secretaries, receptionists may be critical link between program staff, parents and communities

B. Determine staffing pattern for expanded services

   1. Team of specialists from outside agency
   2. Individual specialists who consult with specific staff or parent groups and/or individuals
   3. Hiring specialists to be part of regular program staff

C. Plan inservice for staff to ensure integration of new service to existing program for the child

   1. Explore opportunities for parents and staff to develop new competencies in area of health, nutrition, social services, community relations

      a. Career training, certification, special courses

D. Establish contacts with existing community resources and programs with similar services

   1. Availability of current services to program
   2. Mechanisms for using service
   3. Possibilities for agency to provide service at program site

E. Systematically record entire process of developing and evaluating new service

1. Organize for reporting to funding and accrediting agencies as well as parents, staff, specialists
2. Document existing and new services
3. Organize collection of information

Documentation

As the program grows and changes it is important to keep track of what is happening--to document the use of existing and new services. Programs should systematically collect evidence that

1. accounts for time and resources expended
2. people served who do not have children enrolled
3. contacts with other agencies
4. requests for services not presently available.

Program participants should ask three questions:

1. What information do we need to justify what we are doing, to plan ahead, and to improve our program?
2. How can we organize the statistics and records we keep?
3. Who will use what we collect?

Sources of information about program services: (These should be saved and filed systematically.)

Records--official forms
- a. applications
- b. health history
- c. child progress forms
- d. correspondence

General Materials
- a. handouts on services available
- b. handouts on health care, nutrition, etc.
- c. menus for meal program
- d. curriculum outlines
- e. copies of meeting notices

Notes
- a. daily log of phone calls and events when used as a way to communicate to the staff
- b. teacher anecdotal observations
- c. specialists' notes--nurse, social worker, etc.
- d. minutes from staff and parent meetings

Contacts

These are the drop-in callers, telephone calls and curbside conferences. These brief interchanges are often overlooked as a source of information on parent needs, community interest, follow-up of specialists' recommendations and referrals to other agencies.

Organization

Keeping track of informal contacts is very important. One method is to develop a checklist to quickly record important points. Here is an example:

CONTACT SLIP (Date recorded _____)

Date _____ Contact _____
(specify mother, teacher, etc.)

Telephone _____ Child:
Enrolled ____
Walk-in ____ Waiting ____
Appointment ____ Ineligible ____
Graduate ____
Other (specify) _____

Information Needs (check all that apply):

Application	____	Medical	____
Program services	____	Dental	____
Alternate child care	____	Other (specify)	_____

Referral — No. of previous contacts for this need

Social Services	____	Legal Aid	____	1st contact	____
Public Health	____	Mental Health Clinic	____	Reminder	____
School District	____	Dental Clinic	____	Return visit	____
Regional Center	____	Private M.D./DDS	____		
Other (specify)	_____				

Follow up Required: No ____ Yes ____ (Specify) _____

Comments:

Reported by _____ Client name (optional) _____

These forms should be kept on the desk of the person who answers the telephone, the spot where parents and teachers are most likely to

have contact in the morning at arrival and dismissal times, and with the secretary or person who handles the program's correspondence. Compiling statistics each month could be done by a parent or student volunteer if client names are not used (to protect confidentiality). Those centers that wish to use the sheet to record case notes could make a carbon copy and put the client's name on the copy for individual's file only.

Storing materials so that easy access is permitted is critical. A list of the types of data the program collects should be drawn up indicating where they are filed or stored and under what heading.

Persons who will use what is collected depends primarily on the organization of the data. An individual child or family folder that records, notes and into which contacts are simply dropped, will be too cumbersome to provide up-to-date information for busy teachers or specialists. Loose-leaf notebooks with dividers can simplify sorting through every single entry to find a particular form, the report of the last speech therapy session, etc. COLLECTING INFORMATION IS USELESS IF NO ONE CAN USE IT! In small programs, alerting staff to new information may be informal--conversation and a log book with daily entries that everyone is expected to read on arrival and before leaving. In larger centers it may be useful to use a "flag" system--something clipped to the central card file of an individual child that signals a need to review the child's folder or inquire about the child's progress. One advantage of a running log is that it automatically indicates how often new information is brought to the attention of the staff. When staff members are asked to initial the page or items relevant to them it provides documentation of the different staff members who attend to specific aspects of program events or problems.

Cumulative counts of services offered, lists of community resources for legal aid, medical care, should not be hidden in file drawers. Resource lists are best kept as individual items on cards that can be removed as the list is updated. A Rolodex or revolving card file is recommended for quick access to the information. Removable cards simplify updating and realphabetizing. The holder facilitates quick review of all the available resources without actually removing the cards. Traditional box files which require removal of the card to view the information can make it difficult to keep track of cards. Cards get left on desks, can be covered up with papers and easily misplaced.

Summary lists can facilitate sharing documentation with other programs and community agencies, assist parent advisory staff groups and outside evaluations in determining needs and assessing program progress.

Step 5. Building a program-revewing process.

A. Share responsibility for reviewing the program quality

1. Parent advisory board
2. Staff--teaching, support, and administrative
3. Specialists
4. Children's comment on their experience

B. Determine regular times during the year when quality review will be done

1. Shortly after new service is added
   a. To deal with unexpected problems
   b. To update resource lists

2. When program has been established for six months
   a. Is it meeting goals?
   b. What could be done to improve service?
   c. Does program require additional resources to continue service?
   d. Are other program aspects enhanced or restricted by the new service?

3. After a year
   a. Review step B.2
   b. Decide if new service should be considered permanent addition to program

C. Develop mechanism for introducing new ideas and expanding existing services

1. Encourage staff, parents and specialists to bring them to program's attention at meetings

2. Put change and evaluation on agenda of general program meetings

3. Invite children to suggest changes or new services when they have new idea or problem with existing policy

Throughout the program there should be a spirit of renewal--a sense that the program is growing and changing. Parents and staff should communicate to each other that the program can change to meet the needs of the people who participate in it.

RT:6

Bibliography

Cohen, D. J. Day care: 3 serving preschool children, D.H.E.W., Publ. # (OHD) 74-1057, 1974.

Seefeldt, C., & Dittmann, L. L. (Eds.) Day care: 9 family day care, DHEW Publ. # (OHD) 73-1054, 1973.

Avvin, C., & Sassen, G. Corporations and child care: Profit-making day care, workplace day care, and a look at the alternatives, Women's Research Action Project, Cambridge, Mass., 1974.

Toward Comprehensive Child Care. Prepared by Day Care Consultation Service, Bank Street College of Education, 610 West 112th Street, New York, NY 10025.

RT:6